

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-C188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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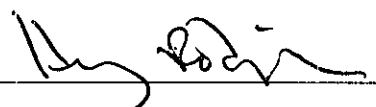
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11063	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing Name Henry N Rodriguez P.O. Box, Bldg., Room No., if any Street 4399 Santa Anita Avenue, Ste 204 City El Monte State California ZIP Code +4 91731	4. Name, file number, and address of labor organization. Name Southern California Dist Council of Laborers Labor Organization File Number 029-790 P.O. Box, Building and Room Number, if any Street 4399 Santa Anita Avenue, Ste 204 City El Monte State California ZIP Code +4 91731
5. Position in labor organization. Field Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name None Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. Nothing to Report 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 08-12-2005	626-350-6900
	Date	Telephone Number

Name of Person Filing Henry Rodriguez	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Associated Third Party Administrators</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4399 Santa Anita Avenue, Ste 200</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91731</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Construction Laborers Trust Funds for So Cal</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4399 Santa Anita Avenue, Ste 200</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91731</p>	<p>11.a. Nature of such dealing.</p> <p>Provides third party administration services to trust funds</p> <p>11.b. Approximate dollar value of such dealing. Do not know</p> <p>12.a. Nature of interest held or income received.</p> <p>Discussion of Scholarship fund over lunch 1-23-04</p> <p>12.b. Amount. 36.76</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name None</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>Nothing to Report</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing Henry Rodriguez

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code + 4 91731

9 Business deals with:

a Labor Organization

☒ b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Construction Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code + 4 91731

11 a Nature of such dealing.

Provides third party administration services to trust funds

11 b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion of Scholarship fund over lunch 1-26-04

12.b. Amount.

28.01

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

Nothing to Report

13 b Is the Business an Employer

c Consultant

?

14 b Amount of payment

Name of Person Filing Henry Rodriguez	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8. Name and address of Business (including trade name, if any)</p> <p>Name Associated Third Party Administrators</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4399 Santa Anita Avenue, Ste 100</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91731</p>	<p>9. Business deals with:</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p>10. If 9 b. or 9 c. is checked give trust or employer's name.</p> <p>Name Construction Laborers Trust Funds for So Cal</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4399 Santa Anita Avenue, Ste 100</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91731</p>	<p>11.a. Nature of such dealing.</p> <p>Provides third party administration services to trust funds</p>
	<p>11.b. Approximate dollar value of such dealing. Do not Know</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Discussion of Computer Information Systems over lunch 2-24-04</p>
	<p>12.b. Amount. 31.68</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name None</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>Nothing to Report</p>
<p>13.b. Is the Business an Employer c. Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing Henry Rodriguez	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Associated Third Party Administrators</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg. Room No., if any</p> <p>Street 4399 Santa Anita Avenue, Ste 200</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91731</p>	<p>9 Business deals with:</p> <p style="padding-left: 20px;">a Labor Organization</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> b Trust</p> <p style="padding-left: 20px;">c Employer</p>
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<p>10 If 9 b. or 9.c. is checked give trust or employer's name.</p> <p>Name Construction Laborers Trust Funds for So Cal</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg. Room No., if any</p> <p>Street 4399 Santa Anita Avenue, Ste 200</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91731</p>	<p>11.a Nature of such dealing</p> <p>Provides third party administration services to trust funds</p> <hr/> <p>11 b. Approximate dollar value of such dealing. Do not know</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;">Discussion of Computer Information Systems over Lunch 2-27-04</p> <hr/> <p>12.b. Amount. 29.20</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name None</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg. Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a Nature of payment.</p> <p>Nothing to Report</p>
<p>13.b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

B. Held an interest in or derived income or economic benefit with monetary value from a business (*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)

Name Associated Third Party Administrators

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Construction Laborers' Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion of Building Trades
Events over Dinner 3-28-04

12.b. Amount.

9458

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

Nothing to Report

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

Name of Person Filing Henry Rodriguez	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name Associated Third Party Administrators</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4399 Santa Anita Avenue, Ste 200</p> <p>City El Monte</p> <p>State California ZIP Code +4 91731</p>	<p>9 Business deals with:</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Construction Laborers Trust Funds for So Cal</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4399 Santa Anita Avenue, Ste 200</p> <p>City El Monte</p> <p>State California ZIP Code +4 91731</p>	<p>11.a Nature of such dealing.</p> <p>Provides third party administration services to trust funds</p>
	<p>11.b. Approximate dollar value of such dealing. Do not know</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Discussion of scholarship golf tournament and golf outing 4-15-04</p>
	<p>12.b. Amount. 70.36</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name None</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code +4</p>	<p>14.a. Nature of payment</p> <p>Nothing to Report</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

Name of Person Filing Henry Rodriguez	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name Associated Third Party Administrators</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg, Room No., if any</p> <p>Street 4399 Santa Anita Avenue, Ste 400</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91731</p>	<p>9 Business deals with</p> <p style="margin-left: 20px;">a Labor Organization</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> b Trust</p> <p style="margin-left: 20px;">c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name:</p> <p>Name Construction Laborers Trust Funds for So Cal</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg, Room No., if any</p> <p>Street 4399 Santa Anita Avenue, Ste 400</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91731</p>	<p>11 a Nature of such dealing.</p> <p>Provides third party administration services to trust funds</p>
	<p>11 b. Approximate dollar value of such dealing. Do not know</p>
	<p>12 a Nature of interest held or income received.</p> <p style="text-align: center;">Discussion of Scholarship Golf Tournament and golf outing 4-22-04</p>
	<p>12.b. Amount. 127.50</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name None</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg, Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment.</p> <p>Nothing to Report</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name Construction Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion & Computer Information system 7-7-04

12.b. Amount.

30,20

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to Report

13.b. Is the Business an Employer or Consultant?

14.b. Amount of payment

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code + 4 91731

9. Business deals with

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name Construction Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code + 4 91731

11.a. Nature of such dealing.

Provides third party administration services to trust funds

11.b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion of Scholarship fund
over dinner 9-16-04

12.b. Amount.

3299

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Nothing to Report

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

B. Held an interest in or derived income or economic benefit with monetary value from a business ("") a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any)

Name Associated Third Party Administrators

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code +4 91731

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name:

Name Construction Laborers Trust Funds for So Cal

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4399 Santa Anita Avenue, Ste 200

City El Monte

State California ZIP Code +4 91731

11 a. Nature of such dealing:

Provides third party administration services to trust funds

11 b. Approximate dollar value of such dealing.

Do not know

12.a. Nature of interest held or income received.

Discussion of computer data format over lunch 10-28-04

12.b. Amount.

31.15

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name None

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code +4

14 a. Nature of payment:

Nothing to Report

13 b. Is the Business an Employer or Consultant?

?

14 b. Amount of payment

**ADDEMDUM A [MEAL/EVENTS WITHOUT SPECIFIC RECORD OR
RECOLLECTION]**

It is not conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

August 12, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Henry N. Rodriguez

Dear Sir or Madam:

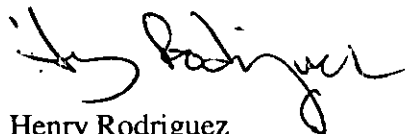
Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

A handwritten signature in black ink, appearing to read "Henry Rodriguez", written over a horizontal line.

Henry Rodriguez